

Pregnancy Maintenance Initiative Client Satisfaction Survey

Catholic Charities of Northern Kansas

Office Location: _____

1. How did you learn about these services?

2. Check the services that you received as a result of your participation with the Pregnancy Maintenance Initiative/Case Management Program.

- | | |
|---|---|
| <input type="checkbox"/> Prenatal Medical Care | <input type="checkbox"/> Parenting Education/Support |
| <input type="checkbox"/> Medical Care (non-pregnancy) | <input type="checkbox"/> Paternal Involvement Support |
| <input type="checkbox"/> Substance Assmt./Treatment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Domestic Abuse Protection | <input type="checkbox"/> Adoption Guidance |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Emotional Support |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Baby Items |
| <input type="checkbox"/> Alternative Education | <input type="checkbox"/> _____ |

3. How long did you wait for your first visit with the PMI case manager?

- | | |
|---|--|
| <input type="checkbox"/> less than 1 week | <input type="checkbox"/> 3 weeks |
| <input type="checkbox"/> 1 week | <input type="checkbox"/> 4 weeks or more |
| <input type="checkbox"/> 2 weeks | |

4. Did you have problems getting to the services (e.g., transportation, appointments conflicted with work schedule or school, child care)?

- ☐ No ☐ Yes Describe the problem:

5. During your visits:

Did the case manager carefully listen to you? ☐ Yes ☐ No

Did you feel that you were treated with respect ☐ Yes ☐ No

Do you feel you participated in the goal planning? ☐ Yes ☐ No

Were things explained in a way you could understand? ☐ Yes ☐ No

If you checked "no" to any of the above, please explain:

6. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?

7. Would you recommend these services to a friend or relative? ☐ Yes ☐ No

8. How old are you?

☐ under 15

☐ 20-24

☐ 40-49

☐ 15-17

☐ 25-29

☐ 50+

☐ 18-19

☐ 30-39

9. What is your race?

☐ White

☐ Asian

☐ Black or African American

☐ Native Hawaiian/Pacific Islander

☐ American Indian/Alaskan Native

☐ Other

10. Do you consider yourself to be of Hispanic origin? ☐ Yes ☐ No

11. How was this program most helpful to you?

12. Please share any feedback that would help us make this program better.
